

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38689

FILED DEC 9 1947
Registration District No. 7526

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Freeman Hosp
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Jackson 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Edward Thurman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 - 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. min

9. Birthplace Joplin Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name W. E. Thurman

13. Birthplace Joplin Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Sullivan

15. Birthplace Barry Springs 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Thurman
(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 10/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Arthur H. Neidman
(b) Address Joplin Mo

19. (a) 10-18-47 (b) Arthur Sampson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1947 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from Oct 15, 1947, to Oct 17, 1947
that I last saw him alive on Oct 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Disease 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

(e) Means of injury _____
While at work? _____

Signature of coroner or other _____
Address Joplin Mo Date signed 10-18-47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Perry K. Schulbert*
Licensed Embalmer No. *959*
P. O. Address *Jupiter, Fla.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.